

AO 442 (Rev. 11/11) Arrest Warrant

UNITED STATES DISTRICT COURT

for the

Northern District of West Virginia

United States of America

v.

ANTHONY DWAYNE MACK,

Defendant

Case No. 2:22-CR- |

ARREST WARRANT

To: Any authorized law enforcement officer

YOU ARE COMMANDED to arrest and bring before a United States magistrate judge without unnecessary delay*(name of person to be arrested)* ANTHONY DWAYNE MACK,

who is accused of an offense or violation based on the following document filed with the court:

- ☒ Indictment
 ☐ Superseding Indictment
 ☐ Information
 ☐ Superseding Information
 ☐ Complaint
☐ Probation Violation Petition
 ☐ Supervised Release Violation Petition
 ☐ Violation Notice
 ☐ Order of the Court

This offense is briefly described as follows:

Conspiracy to Distribute and PWITD Methamphetamine
 PWITD Methamphetamine

Date: 02/15/2022City and state: Elkins, WV

*Issuing officer's signature*Michael John Alot, United States Magistrate Judge*Printed name and title*

Return

This warrant was received on *(date)* _____, and the person was arrested on *(date)* _____
 at *(city and state)* _____.

Date: _____

*Arresting officer's signature**Printed name and title*

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**This second page contains personal identifiers provided for law-enforcement use only
and therefore should not be filed in court with the executed warrant unless under seal.**

(Not for Public Disclosure)

Name of defendant/offender: ANTHONY DWAYNE MACK

Known aliases: _____

Last known residence: _____

Prior addresses to which defendant/offender may still have ties: _____

Last known employment: _____

Last known telephone numbers: _____

Place of birth: _____

Date of birth: _____

Social Security number: _____

Height: _____ Weight: _____

Sex: _____ Race: _____

Hair: _____ Eyes: _____

Scars, tattoos, other distinguishing marks: _____

History of violence, weapons, drug use: _____

Known family, friends, and other associates *(name, relation, address, phone number)*: _____

FBI number: _____

Complete description of auto: _____

Investigative agency and address: _____

Name and telephone numbers (office and cell) of pretrial services or probation officer *(if applicable)*: _____

Date of last contact with pretrial services or probation officer *(if applicable)*: _____